## **Retiree/COBRA Pre-Payment Option Form**

Employee's Name: Termination Pay Period Ending:				Employee ID#:			
Termination	n Pay Period	Ending:		Soc. Se	ec. No:		
wish to pay fu limited to prer available. Th all covered ch	Iture retiree or miums for the is means that nildren will cea	COBRA prem months remain you should no se to need, or	niums from the ning in the curr t select this op become inelig	ir final payche rent plan year ption if there is gible for, State	s who participa eck on a "pre-ta . No refund of s any chance y Employee be u would pre-pa	ax" basis. This pre-paid premou, a covered nefits any time	s benefit is niums is spouse, or during the
	st dependent	child could los	e eligibility for	coverage due	to turning 25.		
	ouse could lo			J	o o		
3. For COBRA members, you or your spouse could gain other employment which offers health							nealth
insurance, and lose eligibility for State COBRA benefits as a result, or 4. For retired members, you or your spouse could obtain employment which offers health insurance,							
so you no longer need State retiree benefits – including the possibility of re-employment with the							
	ate and regain			<i>(</i> '			
	lections made Annual Chang			` •	hoice of health	plan) cannot	be changed
				•	•		
INSTRUCTI	ONS: In ord			•	-		
$\checkmark$	Complete the	e Employee Se	ection of this F	Pre-Payment C	Option Form ar	nd return it to y	our agency
✓	•			•	Life Enrollmen	•	
					cy Payroll Off our final payc		our
Employee Co	omplete:						
☐ I will elect	continuation in	the Employe	e Group Benef	fits Plan unde	r the <b>COBRA</b>	orovision.	
□ I will elect	continuation in	the Employe	e Group Benef	fits Plan as a <b>l</b>	RETIREE.		
					hheld from my	final paycheck	(limited to
remainder of	current plan ye	ear and availa	bility of funds i	n final payche	eck).		
Signature:				Da	ite:		
	Personnel Use	Only: Determ	mine the total		ount to be with	held from the	final
					type of cover		
					Eligible" Med		
					g the total amo		
annual elected <b>Month/Year</b>	Medical	Dental	Vision	Basic Life	onths the emplo	FSA	re-pay. <b>Total</b>
	T	T	T	<u> </u>	1	Admin Fee	Premium
TOTALS:							